

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
OLYMPIA, WA**

To: Prosthetic Providers
Orthotic Providers
Physicians
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No. 01-63 MAA
Issued: September 25, 2001

From: Thomas W. Bedell, Acting Assistant Secretary
Medical Assistance Administration

Subject: Revised Fee Schedule for Prosthetic and Orthotic Providers

This memorandum contains updates to the descriptions of certain procedure codes in the Medical Assistance Administration's (MAA) Prosthetic and Orthotic Devices Billing Instructions, dated September 2001.

What has been updated?

Procedure		
Page	Code	Updated Procedure Code Description
G.12	L1945	Added "See EPA criteria, pages E.4-E.7."
G.21	L3000	Added "See EPA criteria, pages E.4-E.6."
	L3030	Changed "F.4-F.5" to read "E.4-E.5"
G.23	3200L	Removed "See EPA criteria, pages F.4-F.5."
	L3215	Added "See EPA criteria, pages E.4-E.6."
	L3219	Added "See EPA criteria, pages E.4-E.6."
G.24	3300L	Added "See EPA criteria, pages E.4-E.5."
	L3334	Changed "F.4-F.5" to read "E.4-E.6"
G.41	L5667	Added "See EPA criteria, pages E.4-E.5."
G.42	L5669	Added "See EPA criteria, pages E.4-E.5."

Attached are replacement pages G.11/12 and G.21-G.68 for MAA's Prosthetic and Orthotic Devices Billing Instructions, dated September 2001. To obtain this memorandum electronically, go to MAA's website at <http://maa.dshs.wa.gov>.

Attachment